

<b>Case Number:</b>	CM15-0015680		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/25/2002
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female who sustained an industrial injury on 03/25/2012. Diagnoses include cervical fusion and chronic neck pain with torticollis, possible structural instability at C7-T1 with 3mm displacement, peripheral neuropathy, status post fall with nasal versus basilar skull fracture and sinusitis. sensory ataxia; new-probably for CHI and /or cervical cord contusion, old signs of right brain stroke and new signs of left brain stroke, and loss of power in her legs. Treatment to date has included diagnostic studies, surgery, and medications. A physician progress note dated 01/06/2015 documents the injured worker continues with cervical pain and pain in the right and left arm and stiffness and pain with movement. Pain increases with range of motion. Pain is achy, burning, cramping, intermittent, nauseating and causes headaches. Physician progress note dated 01/21/2015 documents the injured worker has continued cervical and arm pain, involuntary jerking of the arms and legs and drops things, and leg pain. She has back pain and stiffness and radicular pain in the right leg and is falling frequently. Treatment requested is for CT (Computed Tomography) scan of the cervical spine, EMG (Electromyography)/ study, laboratory studies , MRI (Magnetic Resonance Imaging) of the cervical spine, MRI (Magnetic Resonance Imaging) of the head, NCV (Nerve Conduction Velocity) study, and Somato sensory Evoked Potentials. On 01/26/2015 Utilization Review non-certified the request for an EMG (Electromyography)/ study, quantity: 1, and cited was Official Disability Guidelines. On 01/26/2015 Utilization Review non-certified the request for Lab tests, because the notes do not indicate which tests are needed nor do the notes give a rationale for the medical necessity of the laboratory studies. On 01/26/2015 Utilization Review non-certified the

request for a MRI (Magnetic Resonance Imaging) of the cervical spine, and cited was Official Disability Guidelines, and California Medical Treatment Utilization Schedule (MTUS)-ACOEM. On 01/26/2015 Utilization Review non-certified the request for CT (Computed Tomography) scans of the cervical spine, and cited was Official Disability Guidelines. On 01/26/2015 Utilization Review non-certified the request for MRI (Magnetic Resonance Imaging) of the head and cited was Official Disability Guidelines, and California Medical Treatment Utilization Schedule (MTUS)-ACOEM. On 01/26/2015 Utilization Review non-certified the request for NCV (Nerve Conduction Velocity) studies, and cited was Official Disability Guidelines. On 01/26/2015 Utilization Review non-certified the request for Somato sensory Evoked Potentials, and cited was Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **MRI (Magnetic Resonance Imaging) of the head: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), MRI (Magnetic Resonance Imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter, MRI (magnetic resonance imaging) section.

**Decision rationale:** The MTUS Guidelines do not address MRI of the head. The ODG recommends the use of MRI for the following: (1) to determine neurological deficits not explained by CT; (2) to evaluate prolonged interval of disturbed consciousness; (3) to define evidence of acute changes super-imposed on previous trauma or disease. Due to its high contrast resolution, MRI scans are superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. MRI may reveal an increased amount of pathology as compared with CT. MRI scans are useful to assess transient or permanent changes, to determine the etiology of subsequent clinical problems, and to plan treatment. MRI is more sensitive than CT for detecting traumatic cerebral injury. Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. The injured worker is noted to have had MRI of the head on 9/5/2014 with a few punctate subcortical white matter changes. The injured worker is reported to have new signs of sensory ataxia and left brain stroke. Medical necessity of this request has been established within the recommendations of the ODG because of the significant interval changes noted by the requesting physician. The request for MRI (Magnetic Resonance Imaging) of the head is determined to be medically necessary.

#### **MRI (Magnetic Resonance Imaging) of the cervical spine, quantity: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), MRI (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, advanced imaging studies such as CT may be necessary. Other criteria for special studies include emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The requesting physician explains that the injured worker is status post three-level cervical spine fusion with suspected instability based on x-ray studies. The injured worker continues to have significant cervical spine symptoms. The injured worker is noted to have had a MRI of the neck on 6/5/2014. The requesting physician is also requesting a CT of the cervical spine. As the injured worker had an MRI of the neck recently and she has had a fusion where metal artifact could affect the images, medical necessity of this request has not been established. The request for MRI (Magnetic Resonance Imaging) of the cervical spine, quantity: 1 is determined to not be medically necessary.

**CT (Computed Tomography) scan of the cervical spine, quantity: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178 and 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, advanced imaging studies such as CT may be necessary. Other criteria for special studies include emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The requesting physician explains that the injured worker is status post three-level cervical spine fusion with suspected instability based on x-ray studies. The injured worker continues to have significant cervical spine symptoms. The injured worker is noted to have had a MRI of the neck on 6/5/2014, but metal artifacts could significantly affect the images from MRI. It is also noted that the injured worker has new signs of sensory ataxia that may be due to cervical cord contusion and perhaps disc herniation. The requesting physician explains that the injured worker needs to be checked for facet fracture since she has had spondylolithesis for some time. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines. The request for CT (Computed Tomography) scan of the cervical spine, quantity: 1 is determined to be medically necessary.

**Somatosensory Evoked Potentials, quantity: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015 On-Line Guidelines, Evoked potential studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter, Electrodiagnostic studies section.

**Decision rationale:** The MTUS Guidelines do not address Somato sensory Evoked Potentials (SSEP). The ODG does not recommend the use of SSEP in traumatic brain injury patients as they generally provide information that has already been obtained through other diagnostic procedures. The requesting physician does not provide rationale to establish medical necessity of this request outside of the guideline recommendations. The request for Somato sensory Evoked Potentials, quantity: 1 is determined to not be medically necessary.

**EMG (Electromyelography)/ study, quantity: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015 On-Line Guidelines, Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical reports however do not provide a rationale for requesting EMG, and the location of EMG study is not specified. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for EMG (Electromyelography)/ study, quantity: 1 is determined to not be medically necessary.

**NCV (Nerve Conduction Velocity) study, quantity: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015 On-Line Guidelines, Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical reports however do not provide a rationale

for requesting NCV, and the location of NCV study is not specified. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for NCV (Nerve Conduction Velocity) study, quantity: 1 is determined to not be medically necessary.

**Lab tests:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

**Decision rationale:** The MTUS Guidelines explain that the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. This request is for laboratory tests that are not specified. The clinical reports indicate that the injured worker had lab studies in 9/2014 without report of the indication for these lab tests. There is mention of lab studies regarding response to Plavix and aspirin; however these lab tests are not specified. Medical necessity for unspecified lab tests has not been established. The request for lab tests is determined to not be medically necessary.